FORM D

Mail Fraceboling Section AUC 26 2008 Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

<u>طا ا</u>	1175					
OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	April 30, 2008					
Estimated average burden						
hours per form	16.00					

SEC USE ONLY						
Prefix		Serial				
	DATE RECEIVED					

Name of Offering ([] check if this is an am	endment and name has chang	ed, and indicate of	change.)		
Convergence CT, Inc - Series D Preferred	Stock Financing				
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	[]Section 4(6)	[] ULOE
Type of Filing: [] New Filing	[X] Amendment				
	A. BASIC IDE	ENTIFICATION	DATA		
1. Enter the information requested about	the issuer				
Name of Issuer ([] check if this is an amen	dment and name has change	d, and indicate ch	ange.)		
Convergence CT, Inc.				141100 B134 H10 B634 E	<u> </u>
Address of Executive Offices	(Number and Street, City,	State, Zip Code)	Telephone Number (In		
1132 Bishop Street, Suite 2302, Honolul	u, HI 96813	<u> </u>	(808) 536-3040		
Address of Principal Business Operations	(Number and Street, City,	State, Zip Code)	Telephone Number (In	0805	RORR
(if different from Executive Offices)		,	`	0000	0300
			DOCESSED		
Brief Description of Business		1	MOGEOGED	/	
Provide products and services to improve	e the clinical trial process		2-2 2-1000 P		
Type of Business Organization			SEP 04 2000 /		
[X] corporation	[] limited partnershi	p, already formed	<u></u>) other (please spec	ify):
business trust	[] limited partnershi	p, to be form	OMSON REUTER	<u>S</u>	<u> </u>
		fonth Ye	ear		
Actual or Estimated Date of Incorporation o	r Organization:	[29]	001] [X] Actual	[] Estimated
Jurisdiction of Incorporation or Organization	i: (Enter two-letter	U.S. Postal Serv	ice abbreviation for State	; :	
-	CN for Canada:	FN for foreign in	risdiction)	•	DEL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director	
Call Mana Great mana 6 161-41				
Full Name (Last name first, if indi Ariyoshi, George R.	viduar)			
	umber and Street, City, State, Zip Code)			
1132 Bishop Street, Suite 2302,				
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[X] Executive Officer	[X] Director	
check Box(03) tale repply.	[] General and/or Managing Partner	(11) Divogation of the	[sa] a desire.	
Full Name (Last name first, if indi				
Mossman, Bradley J.	viduai)			
	umber and Street, City, State, Zip Code)			
1132 Bishop Street, Suite 2302,		DVI Everative Offices	(VI Disease)	
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[X] Executive Officer	[X] Director	
	General and/or Managing Partner			
Full Name (Last name first, if indi	vidual)			
Onuma, Lambert P.				
Business or Residence Address (N	umber and Street, City, State, Zip Code)			
1132 Bishop Street, Suite 2302,	Honolulu, HI 96813			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	Executive Officer	[X] Director	
. ,	[] General and/or Managing Partner			
Full Name (Last name first, if indi-	<u> </u>			
Klein, Hemjo	· 141-4-17			
	umber and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
1132 Bishop Street, Suite 2302,				
		DV1 F	I I Dimeter	_
Check Box(es) that Apply:		[X] Executive Officer	[] Director	
	General and/or Managing Partner			
Full Name (Last name first, if indi-	vidual)			
Donahue, Brian J.				
Business or Residence Address (N	umber and Street, City, State, Zip Code)			
1132 Bishop Street, Suite 2302,	Honolulu, HI 96813			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director	
	[] General and/or Managing Partner		• •	
Full Name (Last name first, if indi	vidual)			
CSK Institute for Sustainability,				
	umber and Street, City, State, Zip Code)			
	ama Building, 3-3-3, Minami-Aoyama, Mina	to-ku Tokyo 107-0062, Japan		
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[] Director	
Check Dox(05) that rippiy.	[] General and/or Managing Partner	1 1 Executive Officer	[] Director	
Full Name (Last name first, if indi-			•	
run rame (Last hane mst, it filli	viduai)			
Dusiness Dusides Address Of				
Business of Residence Address (N	umber and Street, City, State, Zip Code)			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director	
	General and/or Managing Partner			
Full Name (Last name first, if indi-	vidual)			
Business or Residence Address (N	umber and Street, City, State, Zip Code)			
`				
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director	
, , , , , , , , , , , , , , , , , , ,	[] General and/or Managing Partner	[] 2.1004.00	[] = = + + + + + + + + + + + + + + + + +	
Full Name (Last name first, if indi-				
· ··· · · · · · · · · · · · · · · · ·	· idum /			
Rusinace or Regidence Address Ol	number and Street City Seate Tie Code	· · · · · · · · · · · · · · · · · · ·		
DUBLICS OF RESIDENCE AUGIESS (N	umber and Street, City, State, Zip Code)			
			· · · · · · · · · · · · · · · · · · ·	
	(Use blank sheet, or copy and use additional co	opies of this sheet, as necessary.)		
	• • • • • • • • • • • • • • • • • • • •			

		•		Е	. INFO	RMAT	ION A	BOUT	OFFER	UNG				-	
				• .					~					Yes	No
1.	Has the issue	er sold, or	does the is:			non-accre o in Apper					•••••••			[]	[X]
2.	What is the r	ninimum i	investment	that will b	e accepted	from any	individual	?	*************		••••••			\$ <u>NO</u>	
3.	Does the offe	ering perm	it joint ow	nership of	a single u	nit?	***************************************	•••••••		•••••			•••••	Yes	No [X]
4.	Enter the information agent of a brobe listed are	n for solici oker or de	itation of p aler registe	urchasers cred with t	in connect he SEC an	ion with said/or with a	ales of sec a state or s	urities in tl tates, list t	ne offering he name o	. If a persofthe broke	on to be liser or dealer	sted is an a r. If more	ssociated	person	
Full	Name (Last n	ame first,	if individu	al)											
Bus	iness or Resid	ence Addr	ess (Numb	er and Stro	et, City, S	State, Zip C	Code)								
Nar	ne of Associate	ed Broker	or Dealer	 · 		•					<u> </u>	·			
Stat	es in Which Po	erson Liste	d Has Sol	icited or In	tends to S	olicit Purc	hasers								
	(Check	"All State	s" or check	c individua	l States)	******	*************	***************	**************				[]4	All Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	[FL] MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last n				[IA]	[01]			[my]	1** * 1] ***1]	144.11	ĮI KĮ		
Bus	iness or Reside	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)	·····							
Nan	ne of Associate	ed Broker	or Dealer	-	<u>.</u>										
Stat	es in Which Pe	erson Liste	ed Has Soli	icited or In	tends to S	olicit Purcl	nasers				*				
	(Check	"All State:	s" or check	individua	l States)	•••••				••••	***********		[]/	All Stat	es
	[AL] [IL] [MT] [RJ]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] {MD] [NC} [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last n				*										
Bus	iness or Reside	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)		<u> </u>		••••				
Nan	ne of Associate	ed Broker	or Dealer								·				
Stat	es in Which Pe	erson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	nasers					· · · · · ·			
	(Check	"All State:	s" or check	individua	States)	***************			***************************************		•••••	•••••	[]A	All Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[1D] [MO] [PA] [PR]		
			(Use blank	sheet, or o	opy and u	se addition	al copies o	of this shee	t, as neces	sary.)				

	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	<u> </u>
	Equity	\$ <u>5,359,997.50</u>	\$ <u>5,359,997,50</u>
	[] Common [X] Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	s
	Other (Convertible Promissory Notes)	\$	\$
	Total	\$5,359,997,50	\$ <u>5,359,997,50</u>
	Answer also in Appendix, Column 3, if filing Under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$5,359,997.50
	Non-accredited Investors		\$
	Total (for filings Under Rule 504 Only)		\$
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Security	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
4 .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate		
	Transfer Agent's Fees	[]	s
	Printing and Engraving Costs	[]	s
	Legal Fees	[X]	\$30,000.00
	Accounting Fees	[]	s
	Engineering Fees		s
	Sales Commissions (Specify finder's fees separately)	[]	s
	Other Expenses (identify):		\$
	Total		\$30,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	 Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 		\$5,329,997.50
•	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	\$[]	\$
	Research and Development	\$[]	\$
	Purchase, rental or leasing and installation of machinery and equipment	s []	s
	Construction or leasing of plant buildings and facilities	\$[]	<u>s</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$ []	\$
	Repayment of indebtedness		\$
	Working capital and general corporate purposes []	\${[X]	\$ <u>5,329,997.50</u>
	Other (specify): []	\$	s
	Column totals	s	\$
	Total normanta listad (ash totals a dd. d)	(V) 67 220 007 70	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Convergence CT, Inc.	Signature Date 8/13/08
Name of Signer (Print or Type)	Title of Signer (Print of Type)
Bradley J. Mossman	Vice President and Secretary

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE S	SIGNATURE					
1.	Is any party described in 17 CFR 230.262 presently subject to any of th	- ·	Yes	No			
	rule?		[]	[X]			
	See Appendix, Colum	in 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state admin 239.500) at such times as required by state law.	istrator of any state in which this notice is	filed, a notice on I	Form D (17 CFR			
3.	The undersigned issuer hereby undertakes to furnish to the state admini	strators, upon written request, information	n furnished by the i	issuer to offerees.			
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	issuer has read this notification and knows the contents to be true and hatorized person.	is duly caused this notice to be signed on i	ts behalf by the un	dersigned duly			
	er (Print or Type) avergence CT, Inc.	Signature Most	nan Date &	13/08			
	ne of Signer (Print or Type)	Title of Signer (Print of Type)		7			
Bra	dley J. Mossman	Vice President and Secretary					

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A	PPENDIX	_			
1	-	2	3	4					5
	investor		Type of Security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rehased in State C-Item 2)		under St (if yes, explan waiver	ification ate ULOE , attach ation of granted) - Item 1)
State	Yes	No	Series D Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	1.5		Tricine Stock	147031013	Audul	1117 (53013	11	1	
AK	1			<u></u>				<u> </u>	
AZ		_		1		<u> </u>			
AR									
CA	1								_
СО	1								_
СТ									
DE									
DC							-		
FL									
GA		-							
HI		х	\$5,359,997.50	3	\$3,359,998.00			Î	х
ID									
IL									
IN									
IA				_					
KS		_							
KY									
LA									
ME									
MD									
MA									
Mi									
MN									
MS									
МО									
МТ									
NE									
NV									
NH									

	. ,			Al	PPENDIX	1				
1	2	2	3		4					
	Intend To to accre investors (Part B-	100- dited in State	Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	Yes	No	Series D Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NJ										
NM										
NY										
NC										
ND										
ОН			_							
OK										
OR										
PA								<u> </u>		
RI					<u>-</u>					
SC										
SD										
TN										
TX								<u> </u>		
UT										
VT								<u> </u>		
VA					· ·			ļ		
WA						<u> </u>				
WV				·				ļ		
WI								<u> </u>		
WY										
PR										

One additional investor from Japan for a total of \$1,999,999.50

